

REQUEST FOR SPECIAL LSTA ADVANCE
South Carolina State Library - *Prior Approval Required; Contact the LSTA Coordinator*
PL 108-81, AS AMENDED

FOR SCSL USE ONLY --

LSTA Sub-Grant Award #: _____

Program Year Funds: _____

LSTA State Grant Award Number: _____

FFY Appropriations: _____

CFDA No. 35.10

South Carolina State Library

1430 Senate Street

P.O. Box 11469

Columbia, SC 29211

Sub Grant Project Title: _____

I. Sub grantee (organization) Name: _____ Award Date: _____

II. Project Administrator _____ Phone: _____ E-mail: _____

III. Fiscal Officer _____ Phone: _____ E-mail: _____

PRIOR APPROVAL REQUIRED BEFORE SUBMISSION; CONTACT THE LSTA COORDINATOR. *Limit request to immediate cash needs. Do not exceed anticipated expenditures for a thirty-day (30) period. Advance payment requests covering a 90-day period may not exceed \$25,000. Complete a form for each (30) day period requested. Documentation is required (invoices, contracts, signed letters of agreement, etc). **DO NOT USE THIS FORM** to request personal services advance funds.*

PERIOD ADVANCE COVERS: FROM (month, day, year) _____

TO (month, day, year) _____

IV.	Total LSTA Award	Funds Expended To Date	Funds Receive To Date	Advance Funds Requested	Award Balance
Library Materials	_____	_____	____88_____	_____	_____
Equipment	_____	_____	_____	____88_____	_____
Other	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

I certify that to the best of my knowledge and belief, the information above is correct and complete and that all requested advances are for purposes set forth in the approved LSTA sub-grant.

Submitted by: (Print Name) _____

Title: _____

Signature: _____

Date: _____